



PATENT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: THEODORE M. TAYLOR

APPLICATION No.: 09/939,432

FILED: AUGUST 24, 2001

FOR: APPARATUS AND METHOD FOR
CONDITIONING A CONTACT
SURFACE OF A PROCESSING PAD
USED IN PROCESSING
MICROELECTRONIC
WORKPIECES

EXAMINER: EZIAMARA ANTHONY OJINI

ART UNIT: 3723

CONF. No.: 2793

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AUG 15 2003

TECHNOLOGY CENTER R3700

Amendment in Response to Restriction Requirement

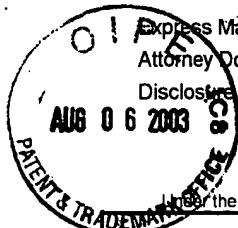
Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated July 11, 2003, please amend the application as reflected in the following listing of claims.

08-08-03

3723



Express Mail No. EV335520755US
 Attorney Docket No. 108298535US
 Disclosure No. 00-0438

AUG 06 2003

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/939,432
		Filing Date	August 24, 2001
		First Named Inventor	Theodore M. Taylor
		Art Unit	3723
		Examiner Name	Eziamara Anthony Ojini
Total Number of Pages in This Submission	7	Attorney Docket Number	108298535US

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure Return Receipt Postcard	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Paul T. Parker
Signature	
Date	August 6, 2003

CERTIFICATE OF TRANSMISSION/MAILING	
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